

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2019, and ending 05-31-2020

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SIGMA KAPPA SORORITY BETA SIGMA

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
695 PRO-MED LANE NO 300

City or town, state or province, country, and ZIP or foreign postal code
CARMEL, IN 460325323

D Employer identification number
35-6042235

E Telephone number
(317) 872-3275

F Group Exemption Number ▶ 0594

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 111,300

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	101,664
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	9,636	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	111,300	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	240
	14 Occupancy, rent, utilities, and maintenance	14	7,420
	15 Printing, publications, postage, and shipping	15	4,324
	16 Other expenses (describe in Schedule O)	16	87,623
17 Total expenses. Add lines 10 through 16	17	99,607	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,693
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27,048
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	38,741

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,677	22 38,004
23 Land and buildings		23
24 Other assets (describe in Schedule O)	371	24 737
25 Total assets	27,048	25 38,741
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,048	27 38,741

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO PROVIDE WOMEN LIFELONG OPPORTUNITIES AND SUPPORT FOR SOCIAL, INTELLECTUAL, AND SPIRITUAL DEVELOPMENT BY BRINGING WOMEN TOGETHER TO POSITIVELY IMPACT OUR COMMUNITIES.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MADISON ENOS PRESIDENT	2.00	0	0	0
EMMA SWAIN VICE PRESIDENT OF STANDARDS AND VAL	2.00	0	0	0
ELIZABETH VERNIER VICE PRESIDENT OF PROGRAMMING	2.00	0	0	0
DEVIN GILMORE VICE PRESIDENT OF NEW MEMBER EDUCAT	2.00	0	0	0
KATRINA NOVAK VICE PRESIDENT OF MEMBERSHIP	2.00	0	0	0
ASHLEY SWIMS VICE PRESIDENT OF ACADEMIC EXCELLEN	2.00	0	0	0
MAYA BIRHIRAY VICE PRESIDENT OF ALUMNAE RELATIONS	2.00	0	0	0
JESSICA SEARLES VICE PRESIDENT OF FINANCE	2.00	0	0	0
GRACE SORRELLS VICE PRESIDENT OF PHILANTHROPIC SER	2.00	0	0	0
ANNE BINGLE VICE PRESIDENT OF COMMUNICATION AND	2.00	0	0	0
KELSEY OLIVER PANHELLENIC DELEGATE	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2020-10-01 Date
JESSIE SEARLES VICE PRESIDENT OF FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ANGELA N CRAWFORD CPA	Preparer's signature	Date 2020-10-01	Check <input type="checkbox"/> if self-employed	PTIN P00573197
	Firm's name ▶ BLUE & CO LLC			Firm's EIN ▶ 35-1178661	
	Firm's address ▶ 12800 N MERIDIAN ST STE 400 CARMEL, IN 46032			Phone no. (317) 848-8920	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 35-6042235

Name: SIGMA KAPPA SORORITY BETA SIGMA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SOCIAL: FORMAL AND INFORMAL SOCIAL EVENTS ARE HELD ALLOWING MEMBERS TO CONNECT. (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 RECRUITMENT: INCREASE CHAPTER MEMBERSHIP THROUGH EVENTS HELD ALLOWING POTENTIAL NEW MEMBERS TO MEET AND INTERACT WITH CURRENT MEMBERS. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">0</p>

**TY 2019 Transfers Personal Benefits
Contracts Declaration**

Name: SIGMA KAPPA SORORITY BETA SIGMA

EIN: 35-6042235

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

SIGMA KAPPA SORORITY BETA SIGMA

Employer identification number

35-6042235

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: FINES/FEES/ASSESSMENTS. AMOUNT: 996. DESCRIPTION: MISCELLANEOUS. AMOUNT: 454. DESCRIPTION: FEES INCOME. AMOUNT: 3,528. DESCRIPTION: LIABILITY INSURANCE/RISK MANAGEMENT . AMOUNT: 4,658. TOTAL TO FORM 990-EZ, LINE 8: 9,636.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: OTHER MEMBER SERVICES. AMOUNT: 10,636. DESCRIPTION: SOCIAL ACTIVITIES. AMOUNT : 14,758. DESCRIPTION: RECRUITING. AMOUNT: 6,568. DESCRIPTION: DUES & FEES. AMOUNT: 29,116 . DESCRIPTION: CONVENTIONS, CONFERENCES, AND TRAVE. AMOUNT: 6,438. DESCRIPTION: COMPOSITES . AMOUNT: 4,453. DESCRIPTION: SCHOLARSHIPS & DONATIONS. AMOUNT: 192. DESCRIPTION: INSURANC E. AMOUNT: 5,030. DESCRIPTION: PUBLIC RELATIONS. AMOUNT: 310. DESCRIPTION: BANK FEES & CRE DIT CARD EXPENSE. AMOUNT: 5,056. DESCRIPTION: FUNDRAISING. AMOUNT: 211. DESCRIPTION: FOOD & KITCHEN EXPENSE. AMOUNT: 25. DESCRIPTION: FINES & TAXES. AMOUNT: 575. DESCRIPTION: INFOR MATION TECHNOLOGY. AMOUNT: 4,255. TOTAL TO FORM 990-EZ, LINE 16: 87,623.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: PREPAID EXPENSES. BEG. OF YEAR AMOUNT: 371. END OF YEAR AMOUNT: 737.